

Local implementation of national social care guidelines: *Findings from the Valuing Care Guidance study*

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ILPN Conference 2024, Bilbao

Background

“What are national social care guidelines?”

Developed since 2013 by the **National Institute for Health and Care Excellence (NICE)**

Diff. **topics** services, aspects of service delivery, populations, processes & life circumstance

Up to 100 recommendations per guideline

Targeting *local authorities, health or integrated commissioners, care providers, practitioners*

Examples:

“Local authorities should ensure that information about care and support services is widely promoted”

“Ensure that care and support needs assessment documentation is up-to date...”

Bauer, A., et al 2021. **Value for Money in Social Care: The Role of Economic Evidence in the Guideline Development Process of the National Institute for Health and Care Excellence in England.** Journal of Long Term Care.

“Why are we interested in how these guidelines are implemented?”

(Only) if implemented, well guidelines can lead to improvements in **quality of care, inspection compliance, and positive health and wellbeing outcomes**

For this, we need to understand **how to best implement guidelines, resources required & value generated**

This knowledge can improve uptake and convince decision makers to invest in implementation

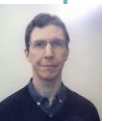
“NICE adult social care guidance is closely aligned with what inspection bodies like CQC require from local authorities. Findings of the study will be of value to local authorities striving for compliance with inspection and regulation.”



Jane Moore,
Associate Director,
Field Team London region, NICE

“There are currently few good insights into the costs of implementing social care guidance in practice. Finances are always on the minds of local authorities, who need to make impactful decisions under substantial financial pressures. An important contribution of the study will be to better understand the resources required to implement guidance successfully.”

Jonathan Kilworth, Business
Intelligence Partner, Harrow Council



The Valuing Care Guidance study

Aim: To examine how guidance by the National Institute for Health and Care Excellence (NICE) on adult social care topics is implemented by councils & explore processes, resources required and value generated

Funder: National Institute for Health and Care Research (NIHR) School for Social Care Research (SSCR)

Duration: Feb 2022 to April 2024

Partner: Applied Research Collaboration North Thames

Multi-disciplinary research team: Prof Annette Boaz, Dr Erica Breuer, Dr Sarah Jasim, Dr Ties Hoomans, Prof Martin Knapp, Dr Juliette Malley, Mr Joaquín Mayorga Camus

Advisory group: Representatives from NICE, professional social care associations, local authorities, social care economics researchers and policy experts

Involvement group: 10 public representative, many of whom current or past NICE Guideline Committee members

Method: Non-experimental participatory, theory-informed mixed method case study approach to economic evaluation

Rationale: Developed in response to challenges to conduct economic and implementation research in social care settings

Examples

- Messiness of implementation processes in real world
- Lack of research capacity in local authorities
- 'Vagueness' and 'interconnectedness' of guideline recommendations

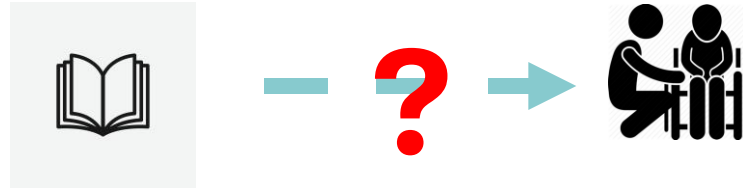
Sites and participants

Coventry (COV)	Neath Port Talbot (NPT)	Northumberland (NHL)
Main guidelines investigated in the study (implemented 2019 onwards)		
Decision-making & Mental Capacity (NG108)	Decision-making and Mental capacity (NG108);	NG86 Peoples' Experience of Adult Social Care Services (NG86)
Safeguarding Adults in Care Homes (NG189)	<i>Several topics identified in response to practice issues</i>	Transition from Children's to Adults' Services (NG43)
People's Experience of Adult Social Care Services (NG86)		
Study participants		
N=6 Local authority managers	N=4 Local authority managers/ lead practitioners N=4 Managers of Adult Social Care Teams	N=7 Local authority managers N=15 Adult Social Services Provider Managers, N=5 Shared Lives Carers



Characteristics of sites	COV	NPT	NHL
No. residents	345,300	142,300	320,600
% 65yrs +	13%	21.5%	25.1%
% in LSOA most deprived (employment)	10.8%	41.8%	15.7%
% w adult social care needs	18.4%	24.6%	19.6%

How is guidance implemented, and what are the costs from a local authority perspective ?



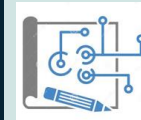
How did we research this?

- Detailed **collection** of activities (→ who is doing what, when and why)
- **Coding** using a tailored **costing framework** derived from implementation literature and local information
- Assignment unit costs to hours of time spent by staff on activities

What are our main findings?

Processes reflective of difficult conditions e.g. substantial efforts to create **enabling conditions** & **prioritise** guidance topics or recommendation...some **smart implementation strategies/ approaches**

Examples of implementation strategies:



Developing and piloting a blueprint/proof of concept

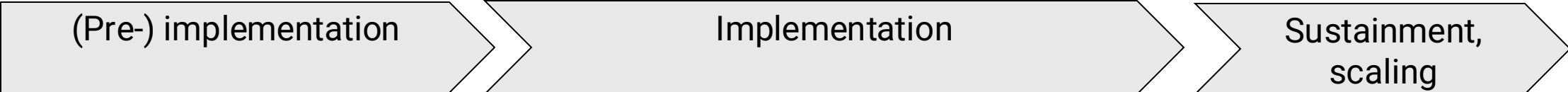


Utilising governance structures



Building capacity of frontline staff to use guidance proactively

Activities & costs



A1 Developing, modifying or enhancing structures for guideline adoption e.g., policies, information systems, job roles, groups

A2 Changing attitudes and increasing knowledge of senior or service managers e.g., awareness raising, information material

B1 Identifying and prioritising relevant guidelines and/or recommendations e.g., assessing relevance of guidance and compliance with recommendations & allocating responsibilities

B2 Planning, conducting & reviewing wide range of implementation activities to meet unmet/ prioritised recommendations (e.g. training, case mapping clinics, audits)
Measuring or monitoring implementation activities

C Developing and sharing examples of **success/ learning / best practice**

Costs per year across sites & guidelines

A: £19,712

B1: £17,057
B2: £62,383

C: £3,102

Total costs: £122,434

How does guidance implementation lead to which outcomes?

How did we research this?

Theory of Change workshops (n=2) with 5 to 10 council managers per site about how they envisage that guideline implementation leads to final impact

What are our main findings?

NICE social care guidelines, if implemented, can contribute to...

...an increase in number of people living **independently in the community** (=final impact)

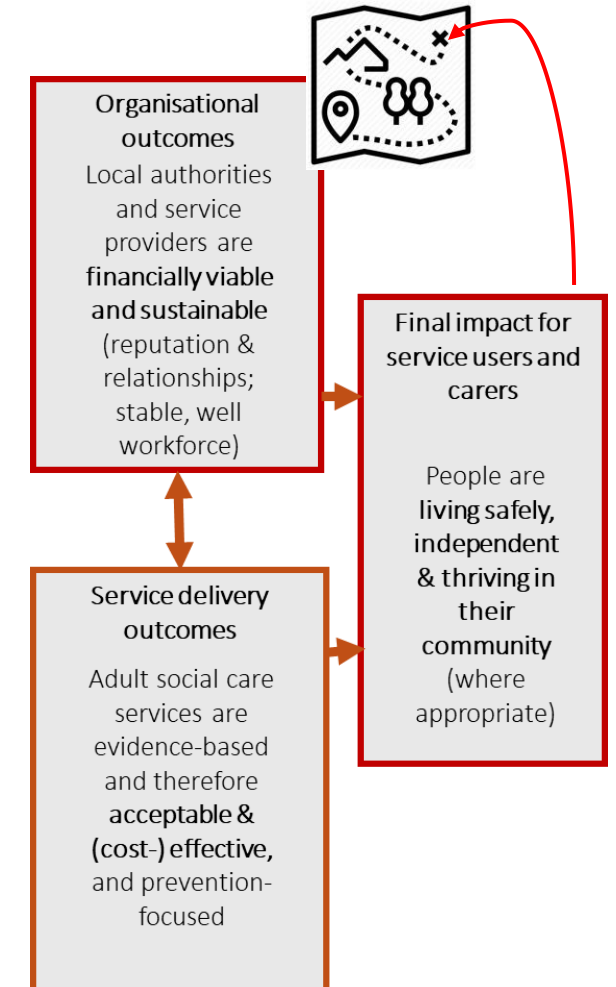


...a financially viable organisation (→ improve **staff wellbeing** and **good relationships with partners**)

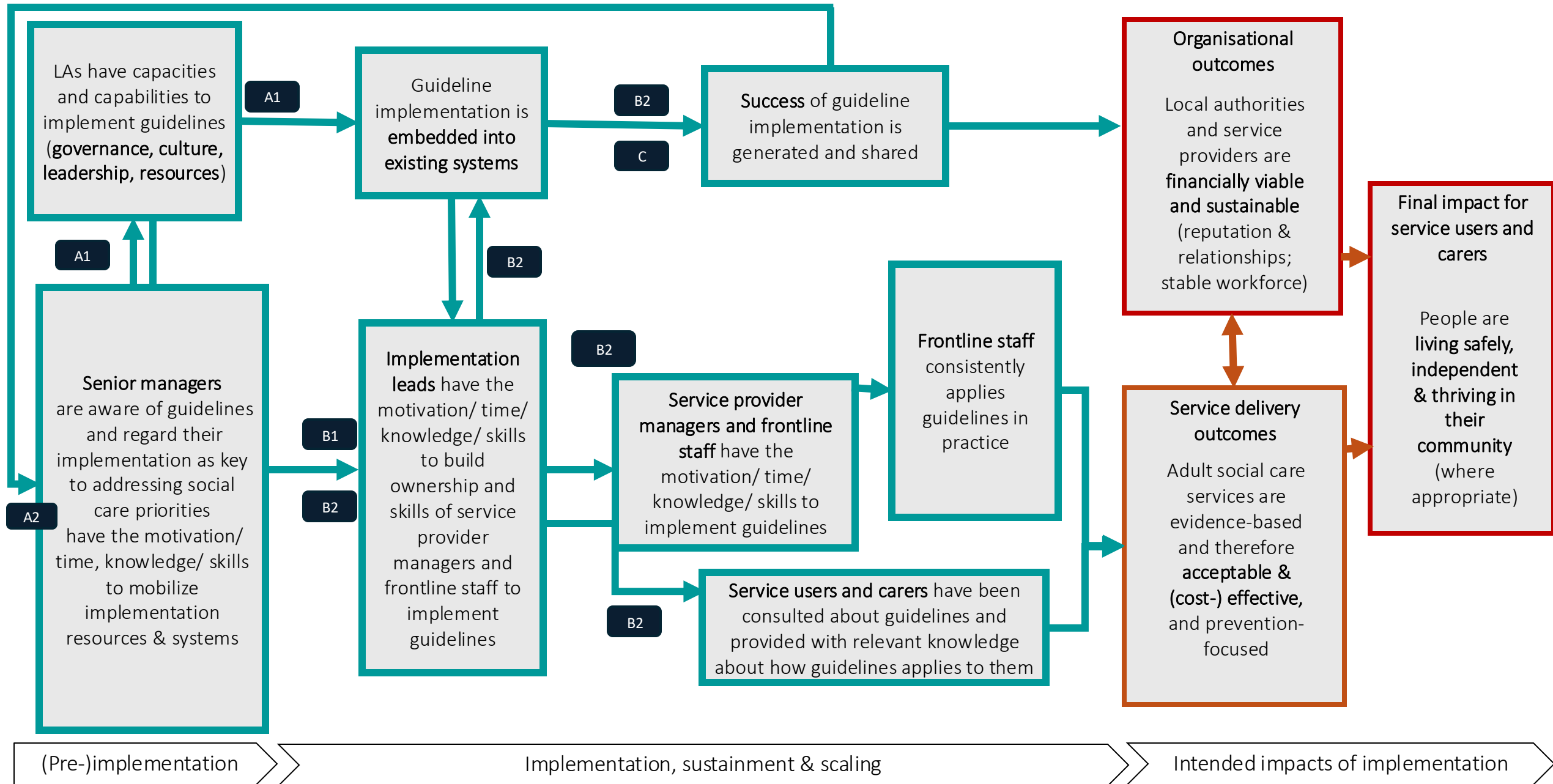


...acceptable & cost-effective & prevention-focused service delivery (→ overall **shift** from risk focused, high-intensity **to low-intensity support**)

BUT requires many changes in local authority managers and care providers' **knowledge, skills & attitudes** (e.g., through co-production)



A Theory of Change for implementing social care guidance in local authorities (LAs)



What is the value of implementing guidance, at service provider level?

How did we research this?

Site-specific surveys with care provider managers at 2 sites (→ self-reported estimates, supported by local data such as care records)

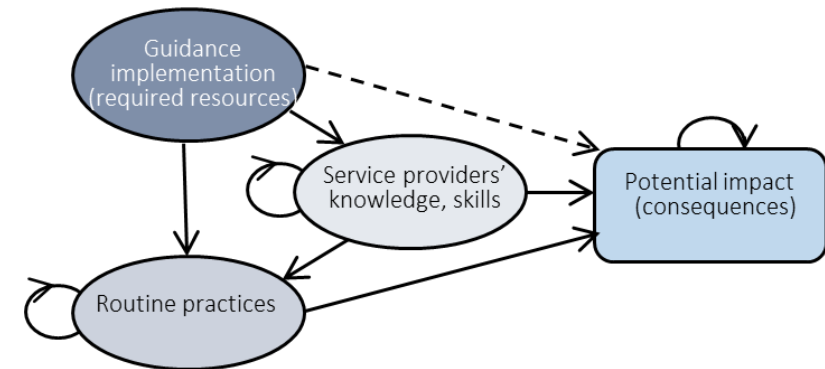
What are the main findings?

Service provider knowledge and skills: Increased knowledge about contents of guidance but only few *improvements in* skills how to adopt guidance in practice

Routine practices: High adherence to good practice in some areas (e.g. personalisation) & potential shift towards preventative services (e.g. peer support) - reasons for lower adherence: lack of resources & required changes at system level

Potential impact:

- Potential net value linked to prevention of care home admission, A&E, crises and legal services
- Reduction in staff stress and improvements in staff confidence (→ staff turnover reduction)



Examples net benefits:

1. NG86 in NHL across adult social care: £4.6 million per year due to estimated prevented care home admissions
2. Self-neglect policy (NG108) in NPT: £112,000 per person and year due to estimated reduction in crises and legal services

Conclusion: 1) **'evidenced' impacts** in line with Theory of Change; 2) **costs of implementation** are substantial but can be offset

What are the learnings about what needs to be done going forward?

Some insights for how NICE, local authorities and researchers might collaborate going forward, following a system approach to knowledge exchange & mobilisation

Examples:

- Role of **implementation leads**, the approaches they employ, and how those can be facilitated
- **Implementation resources** for different social care target audiences
- Capacity and **information systems** to facilitate knowledge exchange
- Role of **public representatives** in guideline implementation



Capacity building workshop with service provider managers and frontline staff, led by Julie Shepherd (Implementation lead for NG86 in adult social care, NHL)

Thank you!

*Please get in touch if you are interested in findings
or future research on the topic*

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